

# Hualapai Regional Partnership Council Data Summary Report for SFY 2011

## Food Security

Contract Number: Grantee Name		Oct- Dec 2010	Jan- Mar 2011
<b>GRA-RC025-11-0131-01: St. Mary's Food Bank Alliance</b>	<b>Total number of food boxes distributed</b>	0 <sup>1</sup>	0 <sup>2</sup>
	Number Of Other Items Distributed	0	0
	Number of Children Served	182	367
	Number of Families Served	115	231
<b>GRA-RC025-11-0263-01: Hualapai Tribe Health Department<sup>3</sup></b>	<b>Total number of food boxes distributed</b>	NA	0
	Number Of Other Items Distributed		0
	Number of Children Served		0
	Number of Families Served		0

## Scholarships T.E.A.C.H.

Contract Number: Grantee Name		July- Sept 2010	Oct- Dec 2010	Jan- Mar 2011
<b>GRA-STATE-10-0017-01 Y3: Association for Supportive Child Care</b>	<b>Total number of participating scholars</b>	0	0	2
	Statewide Quality First!	0	0	2
	Regional Expansion Quality First!	0	. <sup>4</sup>	0
	Regional Partnership Council T.E.A.C.H.	0	.	0

<sup>1</sup> This grantee submitted data in pounds of food and distributed 2,914 lbs.

<sup>2</sup> This grantee submitted data in pounds of food and distributed 5,769 lbs.

<sup>3</sup> This grantee did not begin their contract until February, 2011.

<sup>4</sup> '.' Denotes no data are available because grantee left data field(s) blank in their data reporting template.

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## Home Visitation

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-RC025-10-0211-01-Y2 / Hualapai Tribe Health Department	Quarterly Data Submission Status*	3	3	3	
	Number of Families Served at End of Quarter**	39	45	50	
	Number of Families NEWLY Enrolled During the Quarter**	8	6	5	
	Total Families Served**	42	44	50	
	Number of Children Served at End of Quarter**	36	42	47	
	Number of Children NEWLY Enrolled During the Quarter**	8	6	5	
	Number of Children Eligible for Screening**	6	6	7	
	Number of Children Receiving Screening**	11	5	5	
	Number of Children with Possible Delay Identified**	<25	0	<25	
	Total FTE at the End of the Quarter**	2.0	2.0	2.0	
	Number of HV Meet Minimum Educational Requirements**	2	2	2	
	Average FTE Caseload**	19.5	22.5	25.0	

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## Parent Kit

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
GRA-STATE-10-0025-01-Y3 / Susan Fry & Associates	Total English Cases**				
	Total Spanish Cases**				
	Total Cases**	0	0	0	
	Total Kits**				

## Quality First - Statewide Funding

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-STATE-10-0001-02-Y3 / Southwest Human Development	Number of center based providers served**	1	1	1	
	Number of home based providers served **	0	0	0	
Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-STATE-10-0002-01-Y3 / Valley of the Sun United Way	Number of center based providers served**	1	1	1	
	Number of home based providers served **	0	0	0	

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## **Key to report information**

### **\*Quarterly Data Submission Status (Single Asterisk)**

Null (empty box) = Grantee was not contracted for this reporting period (reporting period = one quarter)

Null (empty box) with Quarterly Data displayed signifies that grantee does not submit data through PGMS but via other means

0 = No reports for this quarter were submitted

1 = Quarterly data based upon a partial submission of 1 months data

2 = Quarterly data based upon a partial submission of 2 months data

3 = Quarterly data based upon a full quarter of data provided

### **\*\*Quarterly Data Submission Value (Double Asterisk)**

Null (empty box) = Grantee reported that this is not part of the grantee's contract and did not provide data. Any other numeric entry (zero or greater) indicates a number reported by grantee.